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St. Bartholomew's Hospital Journal,

JUNE, 1900.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

THE Council of the Metropolitan Radical Federation has tendered its memorial to the Committee of the Prince of Wales' Hospital Fund, the latter has replied, and a further rejoinder has been added by the Federation, which apparently still remained unconvinced. A more or less detailed report has lately appeared in the daily papers, from which we feel sure that the public must recognise the Federation's assertions to be as groundless and untenable as they are calumniating.

With reference to the charge brought against the medical schools of appropriating the hospital funds: "for ourselves," as a morning paper remarks, "we are inclined to regard a medical school as an essential part of a hospital." And, indeed, a distinct line between the two would be hard to draw. The school depends on the hospital for many demonstrations, and a large part of the hospital work is performed gratuitously by dressers and clerks—what would happen, we wonder, should these one day elect to strike? *Quod di avertant.* But it would be an overwhelming argument against many of the Federation's allegations. Again, the hospital is dependent on laboratories for many diagnoses to which treatment is subservient. However, quite apart from these arguments the following quotation from the Report is a conclusive answer to this accusation:

> The utmost that can be made of the charge is that some minute unascertained portion of a grant for general purposes may have percolated under the administration of the hospital concerned into a medical school or laboratory. But even this has been guarded against, and, so far as the committee can ascertain, no such percolation has actually occurred.
>
> The awards made by this fund to the hospitals have been made with certain conditions, following as nearly as possible the recommendations of the visitors who have inspected and reported on them; and these awards, and the objects for which they were made, are stated in the annual reports of the fund, and have also been published in the public press. In no case can there be found in these reports an award given for a medical school or laboratory. Nor can it be fairly said that the hospital authorities have, in fact, used any part of such grants for medical schools and laboratories.
>
> In administering this fund the committee have endeavoured in all cases to aid the hospitals in the manner best suited in the case of each hospital to benefit the sick and suffering poor of London, and they have no reason to believe that the eminent authorities who are associated with the large and important hospitals that have medical schools have done otherwise than act to the best of their ability in promoting the highest interests of the hospital patients.

But even with this direct language the Radical Federation is not satisfied. It apparently either disbelieves or disregards the report, and concludes its rejoinder by the following peroration:

> That the medical schools and the laboratories licensed for vivisection which publish no accounts should be subsidised by grants out of funds subscribed by the charitable for the tending of the sick remains, in the opinion of the Federation, one of the gravest scandals of our time, against which, as representing a very large body of working men, they feel bound solemnly to protest.
>
> That the committee of the Prince of Wales' Hospital Fund should make no effort to discountenance this scandal, but should even fail to fulfil a definite pledge made by His Royal Highness that his Hospital Fund should be free from it, cannot but be a matter of serious concern to every one who regards the interests of the patients as paramount in our hospitals.
>
> But the profoundest regret of all is felt by every member of the Federation that His Royal Highness should allow the pledge he gave in this matter to be openly disregarded by his committee, and should

suffer the great influence of his name and person to be employed in defending the diversion of money by hospital managers in London to purposes for which it was not contributed.

Thus, then, the matter at present stands, and we are gratified to reflect that by their verbose anxiety to substantiate their grievance, and their refusal to admit the Executive Committee's report, they have cut the ground from under them.

We are not alarmists, and we should imagine that lay opinion is quite sufficient to cope with this outbreak of ignorant bickering. Indeed, as Sir Thomas Smith remarked in his opening address to the Abernethian Society in 1898, "the prejudice that existed against hospitals among the poor has entirely disappeared; they no longer regard a hospital as a place 'where they cut you up'—a common expression in past time. The difficulty now-a-days is to keep them out of a hospital, and this applies especially to those whose social position scarcely justifies them in availing themselves of hospital treatment." Medicine has lived down, or is living down, bone-setters, homœopathists, *et hoc genus omne*, and is now quite convalescent from an attack of Christian Scientists. It may be trusted to resist the inroads of the Council of the Metropolitan Radical Federation also.

A Letter from Mr. Bowlby.

PORTLAND HOSPITAL,
BLOEMFONTEIN;
May 19th, 1900.

WE have now been established here since April 15th, and have had a pretty busy time of it. During the last part of our stay at Rodebonsch there was but little to do, as for at least a month before we left there had been no fighting of importance, and we were glad to move to the front, where there was promise of more work. The packing up of a hospital is not a very simple matter, but everything was ready when the day arrived for our sixty tons of tents, wooden cases, and packages to be taken to our special train. We were then delayed by an unforeseen accident, for the large traction engine which was sent to fetch us broke through a bridge close to our camp, and carried away the whole road into the bed of a small stream with steep banks. This would not have been the cause of any delay had it not been that there was no other road into our camp, and it was forty-eight hours later before the engine was got on level ground, and we got our things to train. Dr. Tooth and I went on by the mail, and arrived here in time to mark out a site for a camp before our equipment arrived three days later. The journey was interesting, taking us past Arundel and Rensberg, where there has been so much fighting, and then over the river at Colesberg, where the big bridge has been so effectually blown up at a place where the Orange River is about as wide as the Thames at Richmond, though not so deep. At Springfontein we were warned that the train might be attacked, and took an escort of 200 men to be prepared for emergencies; but the night passed quietly, except for a severe thunderstorm, and we awoke in Bloemfontein Station.

This is a pretty little town of about 5000 inhabitants, with some wooded kopjes at its northern side, on the slopes of which some of the newly-built houses have been erected. On the east, west, and south are grass plains, extending for many miles, and sloping down to the town, so that the latter lies in a hollow. There are pretty villa-like residences, with flowers and trees, and a wide central street, with a market square, and containing some very good buildings, many of which are now used as hospitals.

We found a suitable site for the hospital on some rising ground a mile from the edge of the town on its south side, and near to two good deep wells, which were the chief attraction, for owing to the occupation of the Waterworks by the enemy, water is both scanty and bad in and near the town, and has to be carted to all sorts of distances for troops and hospitals. We got our own tents and some tents for orderlies pitched, and then on Saturday, April 14th, we unloaded our train at a siding, and sent some of our goods up by traction engine and various mule waggons, but the bulk of them were delayed till the evening for ox transport. It was most unfortunately a dark, rainy night, and at about 9 p.m. shouts in the distance announced the arrival of a train of waggons, each drawn by sixteen oxen, and spreading over a distance of about half a mile. We had these drawn up around the camping ground as best we could in the darkness, and then for about two hours unloaded the cases and packed them under tarpaulins, but, of course, lots of things got wetted. Next night was also wet, and the night after my own tent was wrecked in a hailstorm, and the mess tent narrowly escaped a similar fate. But as the days were fine we got our camp pitched, and dried our damp blankets and mattresses, and were soon ready to receive patients. From that time onwards there has been continued fine weather, brilliant, clear, sunny days, a fresh breeze, and cold nights, and yet, as I shall tell you, a terrible lot of sickness.

When we arrived here there were yet no general hospitals at work, because of the impossibility of getting their equipment past the broken bridges at Colesberg and Bethulie; the sick in consequence had to be accommodated in buildings in the town, and in the tents of the field hospitals. One man undoubtedly brought typhoid fever with him from the Modder, so that soon after their arrival here enteric broke out and spread with terrible rapidity, all the more because the men were without tents in wet weather, short of proper clothes and boots, and often on short rations. There were no doubt other reasons for our army remaining

here, notably want of horses and stores, but the fulness of the field hospitals would alone have kept them, for not one of them could move. Equipped to hold 100 men on mackintosh sheets, and meant for temporary use in the field, these hospitals had to take 300 or 400 men without any increase in the number of orderlies and of medical officers, and had sometimes more than 100 cases of enteric sleeping five or six in a nine-foot bed tent. It could not easily be helped, but it emphasises the trouble an enemy can do by blowing up bridges and stopping supplies, and when Nos. 8 and 9 general hospitals got to work each of them had to expand from 500 to 1500 beds to take in the accumulation of the last few weeks. The result was that when on May 1st our army moved north there were 4000 sick left behind, including 1100 typhoids, and funerals were sometimes as numerous as twenty a day, or even more. In addition to enteric there is a great deal of diarrhœa, to which every one seems subject, and a certain amount of fever of a nondescript character, but which sometimes turns out to be typhoid. You will have some idea of the amount of sickness when I tell you that within ten days of our troops moving north more than 700 of them came back here sick to our already overcrowded hospitals.

So much then in general of Bloemfontein and its sick, but I must tell you a little also about its wounded. Fighting recommenced about April 20th, and soon after that Makins (who was staying with us at the time) and myself went out to the scene of the fight at the Waterworks, twenty-three miles to the east. We had a very interesting time in an Indian Tonga, of which twenty have been presented to the army for the wounded, and on our arrival found that Major Marshall, commanding "Marshall's Horse," and three of his officers and various men had been hit, as well as some men from other regiments. One man had been hit by a bullet in front of the left ear, and the skull on the right frontal region was broken but not penetrated, so we advised operation, and Makins, after opening up the bone, found the bullet in the subjacent brain. The man came on here afterwards, but died in ten days' time without recovering consciousness. We sent the rest of the wounded straight here. One officer had been shot through the middle of his sacrum and out through the abdomen, two inches above and to the left of the pubes. We left him alone, giving no food by the mouth except sips of broth for several days. He had no bad symptoms at all at first, but in a fortnight's time he had an attack of some abdominal pain and signs of localised peritonitis, which gradually passed away; he is now convalescent. We next took in about thirty wounded from the cavalry division fights near Thaba-'Nchu, and among them were three men shot through the lower end of the femur and the knee-joint with only drilling of the bone and no complete fracture. All their joints were full of fluid, but all did well. We had also a compound fracture of the femur, and various men shot through the chest and extremities. Most of the chest cases have hæmothorax, and in most of them there is a regular fever of a week or even a fortnight's duration, the temperature often reaching 102°, and making one think of suppuration; yet of twenty or thirty such cases I have seen only one that has suppurated, and where by operation the chest has been opened to let out the blood many cases have gone to the bad. In one case I saw at the Cape an officer had been shot through the chest, and the bullet was lodged under the skin, where it proved too tempting to the surgeon, who removed it at the field hospital, with the result that suppuration ensued and a very bad empyema followed. It is impossible to secure complete asepsis in the field and in the ox-transport, which is liable to take up the next three or four days. The bullet might well have been left or else removed later when the pleura was shut off. Then we had six Boers, one of whom had a bad compound comminuted fracture of the lower end of his femur, and another cellulitis of the leg after a bullet wound. They all did very well. After that came more officers and men of the cavalry, so that I had about fifty wounded in a very few days. Another of the last arrivals was also hit through the knee-joint, and one of them was hit through the ulnar nerve, the bullet passing on and lodging in the abdomen, but causing no symptoms. After that, a couple of days later, fifteen wounded arrived one night at 11 p.m., together with twenty sick. One man, a trooper in "Kitchener's Horse," was one of twenty-five men who came all the way from Argentina at their own expense, providing horse and saddlery and all kit and enlisting here on arrival. This man was first shot through the fleshy part of his shoulder, then through the right buttock whilst lying down firing, then through the left buttock, whilst finally his firing was stopped by a bullet smashing his forearm; but he is doing very well.

In another case, a man from the same regiment had been shot through the forearm with a so-called "explosive" bullet. The wound of entry is quite small and on the radial side, but the wound of exit is six inches long and nearly four inches wide, and through it protrude masses of muscles and fascia with fragments of bone embedded in them, the whole looking rather like a huge ulcer caused by a breaking-down malignant tumour. You would have supposed that no bullet could possibly have done such damage; it looks like the work of a large shell fragment. The ulnar vessels and nerves are shot away, but I am trying to save the arm.

Injuries of nerves.—These have been very numerous, and I think I have now seen examples of injury to all the nerves of the extremities amongst the fifty or sixty patients I have had the opportunity of examining. In the first place it must be pointed out that contusion of nerves or partial severance is infinitely more common than complete division of them, so that I have hardly seen a single case in which the symptoms clearly pointed to actual complete

division. It is very important to note that no value can be attached to loss of sensation or of power during the first few hours or days succeeding to this injury, for in very many cases an apparently complete paralysis rapidly passes away, and in many others improves to a quite remarkable extent. It can, therefore, never be the right thing to cut down at once with the object of suturing the injured nerve. In the next place, it must be noted that where after some weeks there is still an apparently complete paralysis, careful examination will show that the retention of power or of good sensation in some part renders it certain that the nerve is not really divided, and it is the fact that in many such cases when surgeons have cut down on the nerve they have not found it severed. Such cases get well if left alone, though they may take several months to do so. Thirdly, in some cases the contraction of the scar where the bullet has passed causes symptoms of paralysis. Here, also, as the scar atrophies the symptoms pass away, and in these cases massage is often of great use. Comparatively few surgeons seem to be able to realise the length of time which is usually required for the recovery from a nerve wound, and are in far too much hurry to do operations when none are needed. In only one or two cases of nerve injury have I seen the severe burning pain to which Weir Mitchell specially called attention after the American Civil War, and in some cases the pain complained of is certainly functional.

I saw one man whose sciatic was supposed to have been wounded, and who suffered agonising pain. The surgeon cut down upon it, and freed it from the scar tissue, but without benefit, and the patient screamed except when under morphia, and could hardly bear the limb looked at. I said I thought his troubles were mainly functional or hysterical, and advised stopping the morphia absolutely. A few days later he had a violent hysterical fit, and when this was over his pain had gone.

Another patient was quite deaf and apparently dumb, without any external lesion, and numerous suggestions of possible brain lesions were made, but one day on the voyage home he quite suddenly recovered completely. It is very evident that the mental condition induced by the excitement, mental tension, and even terror caused by the surrounding sights and sounds, and also, perhaps, by the shock of an injury, is of exactly the nature which might be expected to predispose to those functional disturbances which have so often been noticed in connection with railway accidents; but as a matter of fact these functional disturbances are really rare. Neurasthenia is, on the other hand, common. It would be tedious to detail cases of nerve injury at length, but I may mention that one of our patients was evidently hit on the left pneumogastric, for the bullet passed through the neck above the level of the cricoid cartilage, and left him with a completely paralysed and atrophied left cord, which had not altered at all four months later. The bullet had entered the right eye, passed through the mouth, and then, missing the vessels in some extraordinary way, emerged through the left sterno-mastoid.

In another man the cervical sympathetic had been struck, and he showed the typical diminished palpebral fissure, and a pupil incapable of complete dilatation.

Wounds of the brain.—I think that the events of this war have hardly modified at all the views of surgeons on brain injuries. Most of these are, as heretofore, rapidly fatal, and in many cases the brain is injured far from the track of the bullet. In some cases, however, for reasons impossible to determine, the passage of a bullet through the brain causes infinitely less injury than is usual. Here are some examples of this fact:

(1) A child aged seven was shot at Kimberley at a range of about a mile, the bullet entering above the right orbit, and emerging in the left Rolandic area high up. Paralysis of both lower extremities and of the right arm immediately ensued, but the child recovered consciousness, and when I saw him three weeks later he was mentally quite well, and power was returning in the right leg and in the arm.

(2) A man was shot from the vertex, behind the Rolandic area, and out at the left mastoid. He recovered with hemianopia and partial aphasia and amnesia, and was still improving when I last saw him—six weeks after the wound.

(3) A Seaforth Highlander was shot at Paardeberg from one temporal region to the other, and in five weeks rejoined his regiment, and went with them a march of twenty-four miles and fought the next day. After that he suffered from headache, and was sent to the base. He walked half a mile into camp directly after the accident, and then went three days in a bullock waggon before he got to hospital. At no time was he unconscious according to his own account.

In other cases, unfortunately, even when death is not instantaneous, the brain is so much damaged that no operation is of service. I very recently saw an officer who was shot through the temporal region two days previously. I advised enlarging the wound and removing loose fragments, but he died thirty-six hours later, and a post-mortem showed an extremely lacerated brain.

Gutter fractures of the skull.—This form of fracture requires special care, for the subsequent injury is very liable to be overlooked, and the necessary treatment omitted. It may be laid down as a rule that if a bullet travelling at high velocity touches any part of the cranial vault so as to leave even the slightest groove or "gutter" on the bone, then the inner table will be found splintered. It may be added that the dura mater will often be found injured and the brain lacerated. Here are two typical cases:

(1) A man was admitted to the Portland Hospital four days after a "gunshot wound of the scalp." Mr. Wallace, on examining him, found a gutter fracture at the bottom of a suppurating wound, and the man had severe headache and a temperature of nearly 102°. The patient was

promptly trephined, and a splintering of his inner table over an area the size of half a crown was found with laceration of the subjacent brain. Recovery after operation was uninterrupted.

(2) An officer was shot across the forehead right at the level of the eyebrows, but he regarded it as a flesh wound, had it bandaged, and walked on as if nothing had happened. Some days later headache and delirium and other cerebral symptoms caused one of the civil surgeons to open up his wound, and then to trephine where there was a fissure in the outer table, the operation revealing an extensive comminution of the inner table. The patient made an excellent recovery.

Many similar cases have been noticed by various surgeons, and I think there are probably some patients now in England who may yet develop symptoms due to an overlooked "gutter fracture," and a subsequent pachymeningitis.

In consequence of the demand for accommodation Lady Roberts has opened the ball room at the Residency for the reception of the wounded under the charge of Dr. MacMunn, one of the Physicians to the Wolverhampton Infirmary and a Major of Volunteers, who is now out here, and I have been asked by him to see the cases in consultation with him. There are now about twenty patients, and you will be interested to know that one of the two nurses in charge is Miss Beadsmore Smith, who was so recently one of our sisters at St. Bart.'s. I saw there this morning a case of bad wound of the forearm, caused by an "explosive" bullet, two cases of slight injury of the nerves of the upper extremity, and one of injury of the external popliteal, as well as several interesting cases of gunshot wounds of the neck and trunk; but if I once begin to tell you of interesting and curious cases of injury this letter will never come to an end.

I am glad to say that we all keep well, in spite of the illness in all the camps around us; but the work on the medical side is extremely heavy just now, and the nurses and orderlies are at times much overworked. Only this afternoon we have admitted twenty-seven very bad cases of typhoid, the worst out of 200 in a field hospital, so you may imagine they are bad—so that now we have about seventy enteric patients out of a total of 160. You can well believe, therefore, that Dr. Tooth and Mr. Calverley have their hands pretty full.

As to the war, it seems that everything now goes on well, and I hope that we may be in Pretoria by the end of June or July, and perhaps sooner. I trust, therefore, that before the winter season begins the war may be over, and in any case we intend to return before that time.

Selecta ex Scriptis.

II.—PHYSICAL.

WE are indebted to Mr. Womack for a further selection of novel but interesting opinions upon matters scientific, this time dealing with certain problems in Physics. Again we refrain from comments, leaving the sentences in their native beauty and simplicity. We strongly suspect a gleam of genuine humour as the source of one or two of the answers, but this makes them none the less delightful.

Question.—State in precise terms why it is that smoke from a fire is drawn up the chimney with a considerable draught.

Answer 1.—The reason is that the air in a room wishes to find an outlet. As the fire grate is generally the only opening, it forces its way out there, and carries the smoke with it.

A. 2.—Because the air gets down the chimney and has to get back again, and so it takes the smoke back with it.

A. 3.—The air in a room is continually moving about looking for an outlet by which to escape. [The devil goeth about like a roaring lion seeking whom he may devour somebody.—A. W.]

A. 4.—There is a vacuum at the top of the chimney, and the wind passing over the top acts as a sort of magnet.

A. 5.—Carbon has such an affinity for oxygen that the carbon moves up the chimney with some force to get to the oxygen outside.

Q.—What is a "second" of time? Explain carefully how it is connected with the time of revolution of the earth on its axis.

A. 1.—By a second of time is meant the time which a body takes to fall the distance of 32 ft. per second. This is known as the uniform acceleration of time per second.

A. 2.—Time is something that everybody understands, but nobody can define.

A. 3.—A second is the smallest portion of time conceivable to human beings without artificial means.

A. 4.—The time the earth takes to make a revolution on its axis is a little over twenty-four hours, but as it is much more convenient to have an exact number of hours in calculating time, the time over is not counted.

A. 5.—A second of time is the unit of time which a unit of mass takes to pass through, by, or over a unit of distance. But of course a body composed of two or three units' mass might pass through two or three units of space in one unit of time. [Convenient for stout people in a hurry.]

A. 6.—The earth rotates more slowly now than it used to because there are more people living on it. This partly accounts, also, for the greater ages of the patriarchs.

A question on the buoyancy of sea water as compared with fresh water produced the following:

A. 1.—A person may swim or float much easier in the sea than on land. Thus a ship draws less water in the sea than on land.

A. 2.—If we were to bathe in a sea of mercury we should flounder about like a fish on dry land, for we could get no hold on the ground.

A. 3.—The ducks are bedecked with much down on the belly to allow them to displace much water and swim more easily.

The remaining excerpts will possibly explain themselves :

Bodies in a vacuo have no "weight," but only mass.

There are three scales of temperature—

The Farenhight (used in England).
„ Centigrade (used in France, etc.).
„ Rotograde (used in Russia).

The ohm is the current maintained at the ends of 18 feet of wire (·034 diameter), the size of the cell being one quart.

A steam engine, when at work, gives out steam through its chimney, which propels the engine forward.

When little chicken feel cold they flock together in a heap to get warm. Just in the same way, if we may use the illustration, do the tiny, tiny drops of invisible water vapour, on feeling cold, rush together into a heap for shelter and warmth, as it were; and if too heavy to float, they fall as rain.

To find the amount of heat given out by a rabbit in six hours, wrap the rabbit in flannel for six hours and quickly removing the flannel wrap it round a metal vessel full of water. Find the heat thus imparted to the water.

Put the rabbit in a vessel containing broken ice for six hours and determine how much ice is melted.

Shave the rabbit and apply a thermopile at different points of the body and take the average reading.

The volume of a pound of the liquid is twice as heavy as an equal quantity of water.

That motion generates heat is seen in the instance of a man running.

When first getting into a bath it may seem very hot but it soon seems to get cooler, but to any one else it would seem just as hot. This shows the great speed with which heat travels.

The following appeared in reply to a question as to the temperature of the water at the bottom of Niagara being higher than at the top :

The water at the bottom of a waterfall is nearer the centre of the earth, which is molten.

If the lower layers of water are warmed the water at the bottom expands and rises to the surface, and hence a waterfall is the result.

In 1 c. ft. water there are 1000 oz.
height of 1 c. ft. of water is 1 foot.
∴ 87,000 ft. pdls. raise to 1° C.

∴ water at height of 160 feet in falling will be raised
160 × 87,000 degrees of temp.
∴ temp. at bottom of waterfall = 13,920,000 degrees.

As water comes out from the earth it will be put out with the heat in the interior of the earth, but as it has arisen higher the heat has been absorbed by the air and scattered through the air. So the bottom is hotter than the top of the waterfall.

A question on the temperature of the infusion obtained by pouring boiling water on to tea leaves in a cold silver tea-pot, elicited the following :

The temp. of the tea is $\frac{60402}{626\cdot8}$
$= 96° 21' 56'' \frac{628}{1567}$

A *viva voce* reply to a question as to the definition of the equator was "a menagerie lion running round the earth."

Daniell's cell was described as a pit in the earth, about twenty-four feet across and twenty feet deep, and full of roaring lions.

Specimens of spelling are atmostphere, sucksion, visa vesa, hot coakes, buoncy, hygroscopicity of the air.

But we have kept "the good wine till now." A question concerning the meaning of the Toricellian vacuum produced this :—

"Nature avoids a vacuum." The Pope is an old gentleman who lives at Rome in a vacuum.

Experiences in the Life of an Army Doctor in England.

A Paper read before the Abernethian Society, October 12th, 1899,

By W. E. LEE, M.D.Lond.

WHEN your Secretary did me the honour to ask me to read a surgical paper to you to-night, the question of a subject arose, and it seemed to me that I should be able to interest you more by giving you an account of medical life in the Army, than by reading you a paper on a more distinctly surgical subject.

The position and life of medical officers in the Services should be known more fully than it is at the hospitals; for they form in their proper state an exceedingly good and useful sphere for many members of our over-crowded profession.

The Services need medical officers, and offer them a sphere where they can be both useful and happy, and where their future is assured. I feel sure that the time is not far distant when the Army Medical Service will once again attract many of the best of the younger members of our profession, with advantages to the profession and the army.

On joining, after receiving his commission, the young officer is always sent first to a big station to learn the routine of his duties, and be under the supervision of his senior medical officers. I was sent to York, which is the headquarters of the North-Eastern District. The Principal Medical Officer of the district is stationed there, and is on the staff of the general commanding the District. The P.M.O. of a district is either a surgeon-general or a full colonel of the Royal Army Medical Corps. The P.M.O. is the executive head of the R.A.M.C. in the district; has no direct charge of cases, but inspects the hospitals and other parts of the medical machine; sees that it is in working order, and that patients are doing as well as they should be; if not he has the power to alter treatment, and make suggestions, and give reprimands. The first duty of every officer on arriving at a new district is to report his arrival to the

P.M.O. of the district in a formal signed report, and if there are any officers his senior in the station to report his arrival to the officer in charge of his hospital station, etc. The North-Eastern District is a first-class district as an army command, and a second-class district as a post of P.M.O.; that is, there is not a general hospital at headquarters, but a large station hospital.

This is the place, I think, to make a few remarks on army hospitals in general, which are in five sections.

1. *The Royal Victoria Hospital at Netley*, which is the chief and largest army hospital in the Services. There all surgeons on probation both for the Royal Army Medical Corps and the Indian Medical Service go for a four months' course of instruction immediately after passing their examination for entering the Services. After the four months' course there is another examination in which definite improvement in professional knowledge during the probationary period must be shown. The list for priority of commission is based on the combined marks gained in the two examinations, and on a man's place in the final list depends his seniority during the rest of his service, unless he is specially accelerated for meritorious conduct, or retarded for inability to pass his further examination for the ranks of captain and major.

2. *General Hospitals*, which must have at least a hundred and fifty beds. The best known of these is the Cambridge Hospital at Aldershot, which those of you who belong to the Volunteer Medical Staff Corps know all about. To the Cambridge Hospital all officers of the R.A.M.C. go for a course of instruction in drill immediately after leaving Netley and receiving their commissions. The members of the Indian Medical Service receive their drill instruction at Netley. Other general hospitals are at Portsmouth, Chatham, etc.

3. *Station Hospitals.*—A hospital is attached to every military station, and has beds which vary in number according to the importance and number of troops on the station. At York the station hospital is commanded by a lieutenant-colonel R.A.M.C., with eight officers of the R.A.M.C. as his staff, nominally two majors, two captains, and four lieutenants. There was not this complement when I was there, or there would have been no need for me, but, as you all know, the army is deplorably short of medical officers. This state of affairs is much to be regretted, for although a general can take an army into the field without doctors, he can't bring it out without them, except at a terrible cost in lives thrown away, and suffering needlessly borne. The combatant officers regret this condition, but none of them have as yet stated the true causes, some of which I hope to refer to later on.

4. *Camp Hospitals.*—These are practically station hospitals in a camp. They differ from station hospitals in that they are housed in huts or tents, and not in permanent buildings, and that their equipment is less complete than that of station hospitals, while they are also allowed to empty their beds by transferring their patients to the nearest station hospital three or four times a week.

5. *Field Hospitals* are housed in tents; they move every time the force they accompany moves. They are the most advanced part of the medical organisation, with the exception of the bearer companies actually concerned in picking up the wounded on the field during and after an engagement. A field hospital must empty every day to the nearest station or other receiving hospital; when it cannot do this it becomes a station hospital on the line of communications. If unable to empty, it is obvious that it can't move with a moving column. The field hospital usually supplies dressings, does urgent operations, attends the wounded immediately after an action, so that it is a more surgical place than the other hospitals, in which many more men are found suffering from disease due to exposure and infection than wounds, even on active service.

The *daily routine* of life in a home station is as follows. Attend the hospital, which should be reached at 9 a.m. in summer—1st April to 1st October; 10 a.m. in winter—1st October to 1st April. After morning hospital the medical officer is free until the following morning unless on orderly duty, or detailed for special work, or exceptionally busy.

On arriving at the hospital in the morning he reports himself to the senior medical officer, and shows that he is there in time. Next he reads the Orders of the Day, Detachment first, then Garrison, then District Orders, to find out if he is allotted any special work for that or some other day. Having read Detachment Orders he initials them, to show that he has read them, and proceeds to his wards. The special duties may be to sit upon an invaliding board, examine recruits, attend courts-martial, proceed to other stations, attend sanitary inquiries, or boards for localising the place for erection of camps, new buildings, etc. The medical officer has to give his opinion on these points, and it is worth while here to point out that the best result may in many cases be attained not by finding the ideal spot for health from a sanitary point of view, but to take the best spot for that purpose that will give an equally good military position, for an ideal camping place may be much exposed to the enemy's fire, give the men an unusual and excessive amount of exertion, be too far from the nearest station, etc. On all these points it is important that the medical officer should base his opinion, so that it may be valued and sought by the combatant branch. Due care in these particulars will often ensure smooth unity of action between the medical and combatant branches, and so conduce eventually to the health and comfort and enjoyment of the medical officer himself.

The *ward routine* is much the same as in all hospitals. All patients able to be out of bed stand to attention on the entry of the medical officer, and hold their diet boards in their right hands, the ward master follows with the prescription book and the ink bottle, while the orderlies fetch and carry anything they may be told to. The patients being seen, the bath rooms and lavatories are inspected, and the tidiness of the ward seen to; the kits of the men must be noted for any incompleteness—of that portion they are allowed while in hospital—boots, razors, caps, blacking and hair brushes, etc.

The men who are allowed to smoke are supplied from the canteen on presentation of chits signed by the medical officer. Stationery, stamps, and other articles are also supplied in the same way. The signature guarantees that the right man is supplied, and also that he pays, for without it the canteen sergeant could not draw the payment from the man's pay.

A comparison of the chief difference between civil and military hospitals may interest you.

CIVIL.

a. Usually both an in- and out-patient department.

b. In-patient is usually a severe or an interesting case.

c. Clinical notes in full are taken and kept of all in-patients.

d. The civil hospital is complete in itself.

e. Instruments are abundant, and if not, are usually obtained at short notice.

f. Elasticity is the rule in civil hospitals, and any hospital which fails to move with the times gets a bad name rapidly. Surgery is done at all places with as much skill and enthusiasm as is possible.

g. History of cases unreliable and discontinuous.

MILITARY.

a. Practically no out-patient department.

b. The majority of in-patients have only trifling complaints. Small wounds needing bandage which show, or a graze from riding, send a man into hospital, for a soldier is fit for his whole duty or none at all in the piping times of peace.

c. Clinical notes are taken only of cases which require extras beyond the ordinary diet, and then a daily note must be taken to cover the extra. Extras are soda-water, chicken broth, lemonade, eggs, &c. There is practically no limit to what the medical officer can order as extras.

d. The military hospital is part of an organisation. The organisation is complete, but parts of it may be sadly lacking in particular things, which have to be requisitioned from headquarters for the purpose.

e. Instruments are few except at district headquarters and other headquarter stores, and everything except the simplest must be obtained from these.

f. A military hospital is rigidly bound by traditions. New drugs, new instruments, new methods, appear very slowly, and they are always behind the times at home, especially from a surgical point of view, though there seems to be a little more progress recently. Surgery is very much behind the times. Radical cure of hernia is hardly done at all, though much needed, and its efficient performance would save a large amount of invaliding.

g. The history of cases during men's term of service is very reliable and continuous. A medical history sheet is supplied to each man on joining, and at each admission to hospital an entry is made of the number of days he is in hospital, the disease, its cause, and any special details that may be of interest or use in the future.

Orderly duty.—All medical officers below the rank of major, and a good many of them owing to the scarcity of officers, have to do orderly duty, which means that they have a day on duty in rotation, in the same way as the surgeons and their house surgeons are on duty for their half week in rotation at Bart's. The routine is this. Reach hospital at 8.45 a.m. Inspect rations of all men in hospital, and the detachment or company of the R.A.M.C., and the rations issued to married men on the strength. Look at meat, fowls, etc., weigh them if they look short weight, or else do it as a routine to keep the butcher up to the mark. If sound and fit pass them, if not reject,

and reinspect what is substituted for them. Taste the bread to see if it is sweet, and inspect barley, eggs, milk, etc., to see if they are fit for food for sick men.

After inspecting rations attend hospital in the ordinary way. All new cases arriving at the hospital between 10 a.m. and 9 a.m. the following morning are seen by the orderly medical officer. At 12 noon the sanitary inspection of troops and barracks is carried out, if it is the day for sanitary inspection. At 12.30 comes inspection of dinners, with inquiries for complaints as to quantity and quality of food from all patients, finishing with inspection of the dinners of the N.C.Os. and men of the detachment R.A.M.C.

Then comes lunch, after which the orderly medical officer is free, but must be within call until 5 o'clock. At 5 o'clock he visits the hospital, sees all urgent cases, and inspects discharged patients to see that they are clean, their kits in order, and that a N.C.O. from their own regiment is present to conduct them back to barracks.

The men for night duty in the wards then parade and are inspected, after which the day's work is done except for emergencies. Emergencies are usually accidents in barrack rooms, drunks, etc. Fires must be attended by the orderly medical officer in case of scalds, burning, and other injuries. There is in some stations a room appointed for the officer on duty, in most he remains in or near his own quarters.

At 8.45 a.m. on the following morning he signs a printed report to the effect that he has efficiently performed his duties, makes a note of any unusual occurrences, such as the outbreak of scarlet fever among the troops, etc. (three cases were brought into barracks by the militia battalions while I was in York), and hands it in to the senior medical officer, and then does his ordinary hospital and other duties until his next time for duty arrives. Mine came round about once in four days in York.

The officers, their wives and children, and the women and children on the strength are medically attended by an officer detailed for this work either alone or in addition to his other duties. He calls on officers in their quarters, their wives and children in their homes, when informed that they need attention. The women and children he sees at 10.30 a.m. in a room in barracks set apart for that purpose, and visits them in their quarters when too ill to attend at the inspection-room.

The chief duty of an army doctor is to keep the troops under his care well and in fighting order, and both in peace and war this must depend as much on sanitation as it does in civil life, or more so.

A routine sanitary inspection of troops, barracks, latrines, cook-houses, married quarters, lavatories, latrines, etc., is carried out once a week by the orderly medical officer.

Other sanitary inspections of barracks are—

1. P.M.O.'s, who makes a yearly inspection.

2. If any special point is called attention to by the commanding officer of a regiment, a sanitary inspection is made at once by a medical officer detailed for that purpose.

To take the troops first. The men fall in by companies, tunics off, boots and socks off, shirts unbuttoned and opened over their chests, with their arms stretched out with the backs of the hands up and fingers open. The inspecting officer walks up and down the ranks and keeps an eye open for dirty legs and chests, scabies and skin rashes, with a view to the early detection of infectious diseases, especially syphilis. Many men prefer not to report themselves sick with venereal disease, for if drawing extra pay on any account they will at once lose this while in hospital.

Barracks are next inspected as to ventilation, cleanliness, warmth, etc. The private is drawn mostly from a rank of life in which warmth is preferred to fresh air, and a proper supply of that necessity is secured by frequent inspection—the daily one by the subaltern of the day, the weekly one by the medical officer, and others by other officers, staff, field, and medical.

Cook-houses are inspected, dinners looked at in process of cooking, and cleanliness and good cooking maintained or ordered. Undue burning of meat is common, as the large joints, pies, etc., for a company need big fires to cook them, so burning of meat is easy. The army cook is usually an exceedingly good one, and can turn out a meal under difficulties that would prevent any other cook in the world from having anything ready to eat at all.

Canteens, wet and dry, are inspected carefully, everything supplied is sampled occasionally, and the quality of Tommy Atkins's beer can be tested personally to see that it is not watered or unduly bittered, or otherwise tampered with.

The drains are best inspected on a wet day, when deficiencies in the making of barrack squares and stopped drains are more obvious than when there are no puddles to reveal them.

Saturday is the regulation day for sanitary inspection, and 12 noon the hour for starting all the world over; if there are many troops, a few medical officers' inspections may be made on other days. At York Wednesday is the day for the cavalry barracks, Thursday for the depôt of the West Yorkshire Regiment, and Friday for the infantry barracks, which were occupied first by the Black Watch and then by the York and Lancaster Regiment.

Social duties.—The medical officer, in common with all others, finds himself confronted on joining with a round of calls, which he must pay or be ostracised. First comes the commandant, at a headquarters station the general commanding the district, the colonel if a regimental station, etc. etc. This is a ceremonial call, and consists in walking into Government House and writing one's name in a book kept for the purpose, and coming out again. The regiments in garrison or camp next claim attention. These are very enjoyable calls; you go in, have tea or a drink and a chat, and come away again, having met an exceedingly nice set of men. Such you will always find the combatant officers if only taken the right way, which is not to toady to them or to try and make yourself out a very superior sort of person, but the much more useful and little-used way of not treading on other people's toes and doing your duty with a cheery face, even if it involves a little personal discomfort.

Next come the married officers and their wives. This is usually a walk round shooting pasteboards. Having done these duties, I found myself invited to a round of dinners, dances, at-homes, tennis parties, and all the other functions which were going.

Cricket and football are always to be had in their season, and one has the chance of playing for one's own corps, or the garrison, camp, or any other team one may be associated with. The York Garrison team was a fairly strong one, and beat the Yorkshire Gentlemen.

Cycle polo was the rage last summer, and was excellent sport in all ways. The rules against dribbling were severe, and so a minimum of accidents ensued.

Military duties.—The purely military part of a medical officer's duties are to know stretcher drill, ambulance drill, and company and battalion drill. He must also be an efficient horseman.

The drill portion of these duties I had very little to do with, but I had a driving course in the cavalry riding-school, and thoroughly enjoyed it. The method of giving a firm seat consists in a graduated series of exercises, in which the length of time without stirrups is slowly increased, riding without reins introduced, graduated jumping practised, and finally a series of physical drill exercises on horseback undertaken, before the recruit is allowed to use a sword or lance. Sword, lance, and carbine practice are taught on the square, and when the recruit can do his drill on the square and ride a horse, he is introduced to the combination of arms and a horse, and finally turned into an efficient cavalryman.

The average length of a recruit's training in a cavalry regiment is from one hundred to one hundred and twenty days. Dull recruits take longer, sometimes a good deal longer; but it is very rare for a man to leave the ranks of the recruits under a hundred days.

The cavalry seat is essentially a sticky seat as opposed to the balance seat of the hunting-field, for man and horse must be one unit to be effective in action; the result of a charge depends less on the arms of the soldier than on the combined impact of man and horse. The other uses of modern cavalry are for a shield to screen the movements of the infantry and for scouting purposes.

Camp life.—After being in York for a month I was sent to Strensall Camp. Strensall is the chief musketry station in the north-eastern district, and there also the officers and men from York, Leeds, Sheffield, Pontefract, Richmond, and Beverley go for their musketry instruction.

The summer camp is an annual camp of exercise, and the regiment in garrison at York always goes there for field training from the beginning of May until the commencement of the autumn manœuvres. A militia brigade also goes into training there for a month every summer.

I was supplied with a tent and a servant at the camp hospital and attached to the Black Watch, who made me an honorary member of their mess, and were most kind and hospitable to me in every way. Camp life is the healthiest and most enjoyable way of spending the summer that I know of. Plenty of fresh air, comfortable quarters in a good rain-proof tent, and a first-class mess at most moderate charges, together with the best set of fellows I ever met as companions, and a fair amount of work and plenty of exercise, make a most delightful set of surroundings for any man.

The work in camp was rather different from that in garrison, for there were many more men to look after, and the militia brigade gave a great deal of work in examining their men for different purposes, such as re-engaging in the militia, enlisting in the Line from the militia, enlisting in the militia reserve.

A surgeon-major and I were in medical charge of a camp of 1000 regulars (Black Watch), detachments from other regiments for musketry purposes numbering 300 to 400 men, and about 4000 militia.

The routine of *recruit inspection* may be of interest to you.

The recruit strips absolutely, then steps on to the measuring standard, after which he is weighed and his chest measured. Then his heart and lungs are listened to, and his muscular efficiency tested by making him go down on his knees and toes, raise himself without the help of his hands, etc. Then his arms, hands, and feet are looked at to see that he has no deformity which would prevent him from using a rifle and marching. Lastly, his eyes are tested to see that he can see sufficiently well to see the foresight of his rifle, and that he is not colour-blind. Teeth are important, for if a man has not good teeth his digestion will give out in campaigning, and he becomes more liable to dysentery and diarrhœa.

When a junior officer is in sole charge at a small station, such as Leeds, his duties are more varied and somewhat different; there is less medical work and a great deal more routine and executive work to do. Senior officers do the executive work and supervise the medical work done by their juniors at big stations.

The executive portion consists in issuing detachment orders, inspecting all things, seeing that rations are properly issued, hospital and barracks kept in proper order, the non-commissioned officers and men of the detachment R.A.M.C. properly drilled, accoutred, and instructed in their duties and their work done, attending courts-martial, writing weekly, monthly, and other reports to headquarters, requisitioning stores and issuing them, etc. The number of times in a day that the medical officer in charge signs his name is astounding; everything must be written down and signed.

The first duty when in charge of a hospital is to inspect the men, reporting sick, and examine them. Most are admitted, some detained for observation for a day, and again inspected, and a very few given a dose of medicine and sent back to duty.

The work is more continuous in a small station, for if there is only one doctor he is on perpetual orderly duty, and must always be findable, especially if attached to a cavalry regiment, for casualties are more common with them than in an infantry regiment; they are more rare after five o'clock, as stables are then over for the day, and horse-kicks, horse-bites, etc., form the staple of such emergencies.

Medical matters.—On home service cases are few, and generally of an ordinary kind, for it is obvious that there ought not to be much sickness among 800 or 1200 specially selected healthy men, living a healthy life, with plenty of good food and plenty of exercise. There are, if the regiment is recently home from foreign service, a number of cases of tropical diseases.

I saw four abscesses of the liver, all secondary, the primary one having in each case occurred while the regiment was in Burmah. Three were extremely simple to open, for the liver was adherent to the anterior abdominal wall, and a simple straight incision through the anterior abdominal wall and a small portion of liver substance opened the abscess, which then drained freely. The fourth was more difficult, and I subsequently opened and drained it through the pleura, when the case did well.

I also excised a considerable number of varicose veins, and did a trephining for a depressed fracture caused by a fall from a horse.

There is always an excess of venereal disease, greater in some places than in others. York is an exceedingly clean place in this respect, Leeds and Sheffield very bad, and there the type of disease is usually severe. The most common type at Leeds was a triple infection, gonorrhœa occurring in from three to four days after infection, extensive ulceration in from six to eight days, and a hard Hunterian chancre in eighteen to twenty-eight days. So general was it to find men who had been infected in a particular quarter of the city to be suffering from the three forms combined, that if any man was known to have caught his disease in that quarter, I always put him on mercury as soon as admitted, with greatly improved results.

The use of mercury intra-muscularly is extremely useful in the army, for it makes a certainty that the patient gets his medicine. Many men put the pills given them in a hollow tooth, and then spit them out when unobserved, either because they want to stay in hospital, or from a fear that they will be given too much medicine.

I used the intra-muscular method in nearly all cases where there was a chancre, and got excellent results with it; the sore softened more rapidly, and the secondary symptoms were slighter, than in cases not so treated. Certainly it is, for army purposes, the most useful method there is, for men can attend once a week to get their injections, and do their duties in the interval, when they would otherwise be off duty altogether, for it would be impossible for a man to attend three times a day, and yet do his duty, and it is against regulations to supply privates with a stock of medicine. Besides, the men would never turn up again after a first attendance unless obliged to. All cases with a rash or with a chancre must be taken into the hospital, for "a man is fit for his whole duty as a soldier or for none at all" is the maxim of the army.

Avian Tuberculosis.

By J. GRAHAM FORBES, M.B.

NOTES based on the case of a hen which died in the pathological rooms after a very short illness in April, 1899.

Post-mortem. – Much wasted externally.

Neck.—An enlarged gland composed of calcified material.

Thorax—Heart.—Pericardial effusion and œdema of visceral layer of pericardium.

Lungs.—Healthy.

Abdomen.—Liver enlarged, soft, and friable; surface scattered with small white growths, some the size of a pin's head, others irregular, nodular, the size of a raspberry, situated on the under surface.

Spleen not enlarged, crowded with small, hard, yellow nodules of chalky material.

Intestines—Crop and gizzard.—Natural.

At intervals in duodenum, small and large intestines, were scattered five or six irregular hard nodules, the size varying from that of a pea to a walnut; similarly the cloaca was affected.

The growths presented a very rough, black, and depressed surface to the lumen of the gut, and were as hard as cement. The smallest nodules, the size of a pin's head, bore small depressed ulcers on the mucous membrane, and on section were found to be composed of hard gritty material.

The uterus and Fallopian tubes were also involved by growths of a like nature.

Kidneys and ovaries were free from growth.

Microscopically in all the affected areas typical appearances of tubercle were found on section, but giant-cells were very scanty, and areas of necrosis were extensive. Tubercle bacilli were found abundantly in all the organs diseased.

Features of the Disease.

1. *Ætiology, i. e.* source of the infection with tubercle, is not definitely known. There are recorded cases in which fowls have been infected by eating sputa of phthisical patients, and one author claims to have produced the disease by feeding fowls on tubercular sputa.

Infection from one fowl to another may readily occur through the excreta, which in diseased birds abounds in tubercle bacilli.

Heredity is considered by some to play a strong part in transmitting the disease. Taking into view the fact that the ovaries, Fallopian tubes, and uterus are by no means unfrequently diseased. the chances that the ova may become infected seems highly probable, and so the disease be directly transmitted from one brood to the next.

2. *Mortality* is estimated by one author at 10 per cent. among fowls which die a natural death.

3. *Symptoms* are of short duration. Progressive emaciation. Loss of redness in the bird's comb. Refusal of food.

4. The characters of the lesions, notably the intestinal in this fowl, were quite unlike anything found in mammalian tuberculosis, and were very striking. The large, hard, cretaceous masses in the intestinal walls are not of frequent occurrence in avian tuberculosis. Mention has been found of a similar condition in fowls only, though not to the same extent, and never as the result of inoculation.

The intestinal lesions following inoculation usually take the form of a deposit of minute tubercles in the intestinal walls and on the peritoneum.

The liver and spleen are the organs most commonly attacked, are usually much enlarged, and the descriptions of the tubercular deposit resemble the condition presented by this case.

Lungs are not often diseased, the kidney very seldom. Testicles and ovaries are said by some to be not uncommonly affected.

Cases are described in which the tubercular disease is confined to the bones and joints—femora, tibiæ, and vertebræ particularly.

5. *Transmission* of avian tuberculosis to mammals, and of mam-

malian and human tuberculosis to birds has been hotly disputed. As the result of a long series of experiments the following facts have been discovered by foreign writers.

(*a*) *Fowls* inoculated with avian tuberculosis acquire the disease in a general disseminated form.

(*b*) *Rabbits* inoculated intra-peritoneally die of general tuberculosis in the great majority of cases.

(*c*) *Guinea-pigs* are more resistent to inoculation, in many cases not affected at all, or only to the extent of a localised abscess; in a few cases minute scattered tubercles are found in the viscera insufficient to prove fatal. Very rarely general tuberculosis occurs.

(*d*) *Dogs* are entirely resistent.

(*e*) *Fowls* only when inoculated both intra-venously and intra-peritoneally. On being killed forty to sixty days afterwards, were found to contain minute tubercular deposits in the viscera.

(*f*) Mention of only one case of direct infection from bird to man has been found—that of a woman said to have died of phthisis after eating a fowl, which had acquired the disease by ingestion of phthisical sputum.

(*g*) Human tubercular material inoculated into dogs and guinea-pigs nearly always causes a general tuberculosis.

(*h*) Two cases are recorded of fowls reacting very powerfully to injections of tuberculin. On post-mortem, avian tuberculosis was found.

The bacilli of avian and human tuberculosis have been differentiated as follows:

1. The avian tubercle bacillus is larger, more granular, and grows more easily on artificial media than the human. The colonies of avian are described as soft, flat, and glistening; those of human tubercle as dry, warty, and firm.

2. *Resistance.*—Avian bacillus more hardy; grows at 43° C, and resists to 65° C. *Human* grows at 41° C., and dies 65° C.

3. *Vitality.*—Avian bacillus remains active after ten months, and the human dies after six months.

4. *Staining reactions* are identical by Ziehl-Nielsen method with carbol-fuchsin.

Possible Sources of Dissemination of Avian Tuberculosis.

1. *By the excreta*, which have been found to abound in tubercle bacilli.

2. *By the ova*—

1. Transmission of disease from one brood to the next.
2. Ingestion of infected ova. } Doubtful source of danger to
3. By ingestion of infected fowl. } human beings.

Conclusions.—Though the two bacilli present some differences as regards culture, resistance, vitality, and morphological appearances, they are not sufficient to justify the conclusion that they are two entirely different organisms, but that they are two different varieties of the same species.

This conclusion is supported by the fact that, as the result of experiment, tuberculosis has been produced in the lower mammals, such as guinea-pig and rabbit, by inoculation with avian tubercle, and in birds, fowls, and pheasants by inoculation with the human tubercle.

It is impossible to estimate the amount of danger, if there is any, to which a human being is exposed by the ingestion of a diseased fowl, or of the eggs of a diseased fowl.

To own that the avian and human bacilli are identical is to add a further source for the inroads of the tubercle bacillus on the human race. Hitherto the identity of the two is not established.

Notes.

THE midsummer address to the Abernethian Society will be delivered on Thursday, July 5th, at 8 p.m., in the Anatomical Theatre, by Sir Dyce Duckworth. Sir Dyce's subject is "The Pursuit after Novelties in Medicine."

* * *

THE Summer Concert (Resident Staff and Musical Society) will be held in the Great Hall at 8 p.m. on Tuesday, July 17th.

DR. HUBERT ROBERTS has been appointed Physician to In-patients at Queen Charlotte's Lying-in Hospital.

* * *

MR. E. C. CRIPPS, of Cirencester, has been elected President of the Gloucestershire branch of the British Medical Association for the ensuing year.

* * *

THE following reappointments have been made:—Demonstrators of Operative Surgery, Messrs. D'Arcy Power and Waring; Senior Demonstrator of Anatomy, Mr. R. C. Bailey; Assistant Demonstrator of Anatomy, Dr. Christopherson; Demonstrator of Pathology and Assistant Demonstrator of Practical Medicine, Dr. Drysdale; Demonstrator of Chemistry, Dr. Orton; Assistant Demonstrator of Chemistry, Mr. Hurtley; Assistant Demonstrators of Biology, Messrs. E. C. Williams and White.

* * *

THE following appointments have been made:—Assistant Demonstrator of Practical Medicine, Dr. T. J. Horder (*vice* Dr. P. Horton-Smith); Assistant Demonstrator of Physiology, Mr. Bainbridge (*vice* Dr. Horder).

* * *

A BRANCH Yeomanry Hospital is being arranged for Johannesburg or Pretoria, to consist of 400 beds, and with a staff of 40 nurses. It will be under the supervision of a military commandant and a chief surgeon from Deelfontein. Dr. W. Langdon Brown has been appointed physician in charge, Mr. H. Williamson second surgeon, and Mr. S. F. Crowther-Smith and Mr. Howell Davies assistant physicians.

* * *

THE Lawrence Scholarship and Gold Medal have been awarded to C. J. Thomas.

* * *

THE Skynner Prize in Pathology has been awarded to F. C. Shrubsall.

* * *

THE Sir George Burrows Prize in Pathology has been awarded to C. E. West.

* * *

THE Matthews Duncan Gold Medal has not been awarded; the Prize has been awarded to R. H. Parramore.

* * *

IN response to Mr. Leumann's appeal for a "stretcher fund," made in our last issue, the following subscriptions have been received, which we gratefully acknowledge:

	£	s.	d.
Edgar Willett, Esq.	3	3	0
Lady Macleay (per Miss Armitage)... ...	2	2	0
Sir Hermann Weber	2	2	0
Lady Weber	2	2	0
Dr. F. Parkes Weber	2	2	0
Dr. F. Andrewes	2	2	0
Dr. Morley Fletcher	2	2	0
Miss Armitage...	0	10	0
Total.....	£16	5	0

* * *

THE Eighth Decennial Club dinner was held at the Café Royal on June 27th. There was a very good gathering, about

70 members being present. Mr. H. J. Waring was in the chair. (Detailed reports of the Decennial Club gatherings do not appear in this or any other paper, for reasons that are as discreet as they are obvious.) The following members of the Eighth Decennial Club are at present in South Africa:—Dr. Christopherson, Messrs. Jameson, Granville, P. Wood, H. D. Parker, Ellacombe, S. R. Scott, Rowe, C. G. Watson, P. E. Adams, Cuddon-Fletcher, H. K. Palmer, Laming Evans, and Worthington.

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WHAT is amiss with Bart.'s men in Yorkshire? Hearing of an advertised Bart.'s dinner at Leeds, we asked Dr. C. P. White, who was organising the affair, to let us know how successful it was. We have received the surprising news that out of 108 invitations sent out only 11 favourable replies were received, and over 40 did not reply at all! We are glad to hear Bart.'s men are kept so busy in Yorkshire. Yet we cannot help thinking that the busiest practice, if it will not admit of a meeting with other old Bart.'s men, should at least leave time for courtesy.

* * *

WE are glad to publish another letter from Mr. Bowlby. The account of nerve injuries is specially interesting, and adds yet another to the surgical revelations the war has made.

* * *

MR. DERWENT PARKER also writes to us again; his letter deals with some aspects of the war in a lighter vein.

No. 6 GENERAL HOSPITAL, NAAUWPOORT; *May 10th.*

SIR,—I am not quite sure whether it was Boston or Chicago that used to be the "hub of the universe," but now it is Naauwpoort. It also combines the beauties of Port Said. If you sit tight in Naauwpoort, everybody you ever knew or heard of passes through sooner or later. Mr. Bowlby and Lord Kitchener, several Bart.'s Sisters, Rudyard Kipling, Dr. Tooth, the Director-General of the Medical Department, Boer prisoners, lots of mules, guns, horses, Jameson, and Calverley are a few who occur to me just now. I had the pleasure of seeing Calverley drink a bottle of soda water. I was unfortunately unable to show any hospitality to the others. It is curious living under martial law. Generally one forgets that one is living under any particular form of law, but it gives a peculiar thrill to read in the 'Order Book' that you are liable to penal servitude if you stand Tommy a drink. The method of taking a railway ticket is also novel. Your commanding officer gives you authority to move your place of abode. You take that permission, or rather order, to a railway staff officer who writes it out again on another paper and retains the first. You take that paper to the ticket office and receive a third paper, the booking clerk retaining the second. Then the pleasurable part comes; you find there is nothing to pay for all this and your ticket is marked first-class; then you look for your compartment, and find that there are only trucks. Then you perceive that the War Office were not wasting time by their elaborate methods, but were leading up carefully to the climax of their joke. This was the start of a little excursion I had to make to Rensburg, but better things were to come. When I got to Rensburg I found that I was medical adviser to three camps ten miles apart. I had only been on a horse for about twenty-seven seconds once before, and when they asked me at the War Office if I should describe myself as a rough-rider I had said, "Certainly not." They then said "Could I ride at all?" And I had to say I didn't know, as the only horse to which I had made proposals had refused to let me try. I will not describe those rides; for a long time it was a painful subject. I had to ride near the line—the horse would walk, if undisturbed; I schemed not to be riding near the line when the train passed. At last I was caught. I took a firm hold of the pommel and prepared for the worst. I spoke soothing words to him; I would have patted him if I had had a free hand; the train passed, he was still walking,—I was saved. I now wear spurs when going round my tents.

WAR from a hospital point of view is depressing. The men keep pouring up in trucks or first-class carriages, as their luck may be, but they dribble back to us, generally in the night, dirty, and thin, sick or wounded; each, no matter how ill he is, still clinging to all his wordly possessions in this country. Kipling maligned Tommy when he said he'd left a lot of little things behind him. As a matter of fact, he clings to his belongings to the last. Indeed, Kipling has much to answer for. A volunteer here told me he was prepared to shoot him at sight, and this volunteer was a prosaic barrister at home. He had spent all day picking stones off a pathway and piling them in a heap. His cause of complaint seemed just. He said he had made an exhaustive study of Kipling, and nowhere could he find any account of fatigue parties, whereas really they were the most prominent feature of military life. It is really curious how absolutely different everything is from what one expected. Men who have come down wounded and have been in many engagements say they have never seen a Boer. I have seen no surgery except a case of hæmorrhoids; but of enteric fever I have seen over a hundred cases.

The Mauser bullet seems a harmless, inoffensive enough little thing, but the insanitary condition of the country where Boer camps have been, and where our men have to follow, will cause a most terrible death roll. Some militia regiments on lines of communication, who have never been within miles of a Boer gun, must have as heavy a percentage of deaths as many a fighting regiment. No men will have better earned their medals than the orderlies who nurse enteric cases. There seems to have been no news now for weeks. It is a puzzle how the London papers will have filled their columns—evening papers too. Are the boys reduced to shouting results of cricket matches and winners? I think when I last wrote my only complaint was that there were no Bart.'s men here; that is now removed. Geach has come up from De Aar. He also is doing unmitigated enteric. I have Sister Hope as Sister of three of my marquees. I feel that by coming out here I have almost held the post of house physician to Dr. Gee. I think I ought to be able to put it in the 'Medical Directory.' Old Bart.'s men would recognise its value.

* * *

ATMOSPHERIC acquiescence favoured us this year for our annual foregathering at Winchmore Hill, although the æsthetic temperament of the Weather Office, with an eye to counter-effects, could not forbear to throw in an occasional shower, which did not, however, materially hamper the play, nor the enjoyment of the visitors. The ground looked quite as attractive as we have ever seen it; in many points, indeed, improved, amongst which may be mentioned the flower-bed at the gate, and the utilisation of the strip at the south end right up to the "stables." On the other hand, though a difficult and stony path is allegorical of the approach to success, still we think that the rolling of the road to the pavilion would save both anathema and shoe leather. As to the building, why has not the suggestion of creepers, which we remember seeing some time back in a letter, been adopted? The isolated oak at the opposite side of the ground appears to be dying whilst still short of his prime; hither, O Demonstrators of vegetable biology, seek the cause—apply the cure. With regret we noticed arising on our western march—*horribile visu*—villas of brick and mortar overlooking our acres, blotting out our view. Do justice and incendiarism sleep? Yet one more defect—and this, too, well knowing the cares and troubles of the Finance Committee—would it not be possible to obtain an entrance at the back of the pavilion? Only a footpath, or even a right of way, would suffice. This would save almost half the distance to the station, and improve the value of the property not a little.

"PITY these things aren't better attended," said the casual cynic; we assented. "Ah," and the casual cynic shook his head, "Bart.'s never had any *esprit de corps*, and is composed of cliques and corners." Now to this altogether we did not assent, and when our friend went on to allude to the scant attendance at cup ties (a time-worn cry) and lack of enthusiasm, we felt his remarks were becoming irrelevant, and that cup ties and social reunions were not parallels, nor was *esprit de corps* necessarily comparable to enthusiasm, and that, moreover, neither allegation was justified. However, tea, tobacco, and desire not to damage each other, preserved the peace and prevented bloodshed. But to revert to the subject. We have always maintained that any social function of the hospital—of which, indeed, there are but few—should be supported, and amidst the sordid aims of everyday life little chance is lent to every one to meet every one else. Yet fewer opportunities are afforded for "past" men to see their old friends, whether the latter are themselves also swallowed up amongst the "past," or still patronise the fountain's rim, and fill the coffers of examining boards.

* * *

ONE of the best chances for this is, perhaps, the occasion of the annual "Past *v.* Present," when also men can bring their friends, and the nursing staff, last but not least, are graciously pleased to accept our invitation. Now in the attendance of these functions we submit lie the seeds of *esprit de corps*, and that these chances seldom occur is the more reason for a greater attendance. Cup ties, on the other hand, are a matter for certain picked men themselves to decide; and though a crowded touch-line may be pleasant to see, yet the issue is independent of the audience, and a small attendance does not necessarily imply a lack of enthusiasm. Cup ties happen comparatively often, therefore all men cannot afford to give up so much time. Besides, they should be looked upon more as a matter of general routine—reverses taken stoically, successes indeed noted, but exuberant exultations, springing rattles, and blowing penny trumpets smack more of hysteria and cerebral congestion, and detract from the value of achievements. And therefore we do not consider that our perhaps small attendance on these occasions is a fair criterion.

Past *v.* Present.

IT was unfortunate that the day chosen for these annual fixtures, which have quite become one of the social functions of the Hospital, should have been marred by a heavy downfall of rain just at the time when most of the visitors had arrived, yet we should be thankful that this did not happen an hour or two earlier, as it would have kept away many of those who were present. As it was the attendance was decidedly good, if anything better than that of last year, and although the Staff were scarcely so well represented as on that occasion we are sure they had the best of reasons for their absence. Professional duty has ever been the first consideration with the Staff of St. Bartholomew's Hospital.

On the other hand, we were glad to see so many of the Sisters and Nursing Staff on the ground, and we hope that future occasions will see them in still greater numbers, as it is proverbially impossible to have too much of a good thing.

Soon after lunch the visitors began to arrive, Dr. Church being the first of the Staff to appear, and was shortly followed by Mr. Langton, Dr. Garrod, Dr. West, Dr. and Mrs. Calvert, Mrs. Butlin, and others.

We were pleased to see more of the students and their friends, but we might mention that the ground is capable of accommodating still larger numbers.

The band, furnished by the police, played exceedingly well during the afternoon, and last, but not least, we would mention the tea, which in our opinion made up for any slight discomforts entailed by the weather.

Amalgamated Clubs.

CRICKET CLUB.

ST. BART.'S *v.* HENLEY.

This match was played at Henley on May 19th, and ended in a win for the home side. For the Hospital Nealor played another very good innings, and had any one stayed with him we must have won. Scores:

HENLEY.		ST. BART.'S.	
M. Molloy, c Nicholas, b Boyle	8	H. E. Scoones, c Fryer, b Molloy	16
G. L. Bush, c Nicholas, b Nealor	15	C. F. Nicholas, b Eustace	19
Eustace, b Nealor	0	J. C. Sale, b Eustace	8
R. O. Schwarz, c Elliott, b Nealor	71	W. S. Nealor, not out	61
H. R. Blaker, b Boyle	1	T. H. Fowler, b Eustace	3
C. H. Surtees, 1 b w, b Nicholas	18	H. E. G. Boyle, b Eustace	26
H. Sutton, b Connor	7	B. N. Ash, c Cortauld, b Eustace	5
L. Henby, not out	27	H. T. Wilson, c Schwarz, b Eustace	0
E. G. Fryer, b Ash	9	C. Elliott, c Blaker, b Eustace	0
L. Cortauld, b Sale	1	H. S. Ward, b Molloy	4
Packer, b Boyle	0	F. Connor, c Sutton, b Molloy	0
Extras	18	Extras	24
Total	175	Total	166

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
H. E. G. Boyle	14	1	44	3
W. S. Nealor	12	1	58	3
J. C. Sale	5	1	16	1
C. F. Nicholas	3	0	19	1
F. Connor	2	0	12	1
B. N. Ash	2	1	5	1
H. E. Scoones	1	0	3	0

ST. BART.'S *v.* RICHMOND.

Played at Richmond on May 26th. Bart.'s batted first, and compiled 291 runs for the loss of 8 wickets Ellett, Nealor, and Nicholas were the chief scorers, and all batted well. The match ended in a draw, as Richmond made 173 for the loss of only 2 wickets. Scores:

ST. BART.'S.		RICHMOND.	
H. E. Scoones, b Denham	6	G. J Groves, not out	118
C. F. Nicholas, c Healing, b Griffin	47	G. S. F. Griffin, c Ellett, b Nealor	14
W. S. Nealor, 1 b w, b Griffin	57	F. W. James, c Orton, b Nealor	6
J. C. Sale, c Lloyd, b Denham	20	J. Leigh, not out	19
G. G. Ellett, c Groves, b Lyons	69	T. C. Roper, G. Lyons, A. G. Lloyd, H. B. Denham, J. A. Healing, P. Bowns, Greenfield	did not bat.
H. E. G. Boyle, c Leigh, b Denham	5		
C. A. Anderson, c Bowns, b Groves	27		
T. H. Fowler, not out	16		
L. Orton, run out	15		
H. T. Wilson, G. H. Adam	did not bat.		
Extras	32	Extras	16
Total (8 wkts.)	*291	Total (2 wkts.)	173

* Innings declared.

ST. BART.'S *v.* BARNET.

This match was played at Winchmore Hill on Saturday, June 2nd, and ended in a draw. Unfortunately most of the regular team were away, and consequently we did not have as good a side as usual. Greaves, who played for Barnet, made 96, which, considering the state of the wicket, was an excellent performance. Scores:

BARNET.		ST. BART.'S.	
J. R. Pank, b Boyle	4	H. E. Scoones, l b w, b Pearce	30
J. de Winton, b Boyle	4	H. Whitwell, c C. de Winton, b Thornburgh	20
H. S. Greaves, b Sale	96	J. C. Sale, b Thornburgh	4
C. de Winton, c Sale, b Turner	32	C. F. Nicholas, b Thornburgh	7
W. P. Williams, b Turner	15	H. E. G. Boyle, c C. de Winton, b Pearce	0
P. Thornburgh, not out	17	L. Orton, not out	16
C. S. Higgs, not out	4	C. H. Turner, c H. W. Pank, b Pearce	19
H. W. Pank, H. E. Pearce, S. Higgs, A. T. Martin } did not bat.		G. H. Adam, not out	3
		H. B. Hill, H. S. Ward, T. M. Body } did not bat.	
Extras	7	Extras	10
Total (5 wkts.)	*179	Total (6 wkts.)	109

* Innings declared.

PAST *v.* PRESENT.

This match was played at Winchmore Hill on Wednesday, June 13th, and ended in a draw. Unfortunately the Past team did not contain anyone who had been away from the Hospital for any considerable time; this was probably owing to the fact that the older men evidently found it difficult to get away. Several were written to, but in the majority of instances they did not reply, and some who promised to play did not turn up for the match.

The Past batted first, and made 194 of these H. S. Greaves made 70, and batted in his well-known style. Nunn and Turner also batted well, the latter playing very free cricket. The Present began with Scoones and Orton, and after a quarter of an hour's play it began to rain heavily; this considerably handicapped the bowlers, as after the rain they could hardly hold the ball. Stumps were drawn later than usual, the Present having made 102 for 4 wickets. Scores:

PAST.		PRESENT.	
J. W. Nunn, b Boyle	37	H. E. Scoones, not out	38
L. B. Rawling, b Boyle	0	L. Orton, c Rawling, b Pank	19
J. A. Willett, run out	23	W. S. Nealor, b Pank	7
H. S. Greaves, b Stanger-Leathes	70	G. G. Ellett, c Turner, b Greaves	28
E. F. Rose (capt.), c sub., b Stanger-Leathes	0	C. A. Anderson, b Rose	5
C. H. Turner, b Stanger-Leathes	43	H. E. G. Boyle, not out	11
H. W. Pank, c Stanger-Leathes, b Anderson	2	T. H. Fowler, H. T. Wilson, H. S. Ward, J. Corbin, H. E. Stanger-Leathes } did not bat.	
A. H. Bostock, c Fowler, b Anderson	1		
T. M. Body, b Stanger-Leathes	4		
W. E. Lee, not out	2		
C. O'Brien, b Anderson	0		
Extras	12	Extras	4
Total	194	Total (4 wkts.)	104

CUP TIES.

First Round.

ST. BART.'S *v.* KING'S COLLEGE HOSPITAL.

We were drawn against King's College Hospital in the first round of the Inter-Hospital matches. This match was played at Chiswick Park, and resulted in an easy win for Bart.'s. We lost the toss, and our opponents decided to bat first on what proved to be a good wicket. Clapperton, Stuttaford, and Hawkins were the only ones who made scores for them; the rest were soon disposed of, and we got them all out for the total of 140. Our start was not brilliant, as the first wickets fell rather quickly, but by an excellent innings of 64 by Sale, and a score of 34 by Ellett, we managed to pass our opponents' score. A very good stand was made by Boyle and Fowler, the latter scoring 85 in a very short time. The feature of the game was a century by Boyle, who is to be congratulated on the performance. He made his runs very quickly, punishing the bowling severely. Sale and Boyle did the greater part of the bowling, the former getting 4 wickets for 44 runs. Scores:

KING'S COLLEGE HOSPITAL.		ST. BART.'S.	
T. J. M. Clapperton, c Fowler, b Sale	30	H. E. Scoones, b Stuttaford	18
A. T. Marshall, b Sale	3	C. F. Nicholas, b Clapperton	2
J. Napper, c Scoones, b Anderson	7	W. S. Nealor, c Holland, b Clapperton	30
W. J. Stuttaford, b Boyle	26	J. C. Sale, b Napper	64
W. L. Hawkins, st Fowler, b Sale	35	G. G. Ellett, c Holland, b Carlé	34
E. W. Holland, b Boyle	0	C. A. Anderson, c Carlé, b Clapperton	25
J. G. Pritchard, b Anderson	19	H. E. G. Boyle, run out	104
F. Carlé, c Fowler, b Sale	0	T. H. Fowler, c Carlé, b Pritchard	85
R. H. Lee, c Ellett, b Boyle	0	H. B. Hill, b Napper	6
G. Read, run out	6	H. T. Wilson, b Napper	4
C. T. Cheatle, not out	1	L. Orton, not out	4
Extras	13	Extras	25
Total	140	Total	401

Second Round.

ST. BART.'S *v.* ST. MARY'S.

This match was played at Chiswick on the 15th, and ended in a win for St. Mary's. St. Mary's were all out for 200, which, all things considered, we ought to have been able to beat; but chiefly owing to the bowling of Sedgwick, 5 wickets for 31, we were all out for 118. H. E. Stanger-Leathes bowled exceeding well for us, taking 7 wickets for 47 runs. Scores:

ST. MARY'S.		ST. BART.'S.	
G. B. Norman, c Orton, b Stanger-Leathes	61	H. E. Scoones, c Causton, b Sedgwick	28
E. C. Hobbs, c sub., b Stanger-Leathes	13	C. A. Anderson, c Hobbs, b Mitchell	4
W. G. Cheatle, c Orton, b Stanger-Leathes	52	W. S. Nealor, c Cruise, b Causton	14
E. P Causton, c Fowler, b Stanger-Leathes	0	J. C. Sale, c Sedgwick, b Causton	10
R. R. Cruise, lbw, b Anderson	32	G. G. Ellett, b Sedgwick	0
A. V. Sedgwick, c sub., b Anderson	15	H. E. G. Boyle, c Causton, b Sedgwick	0
C. Carey, c Orton, b Stanger-Leathes	10	T. H. Fowler, c Finlayson, b Mitchell	24
W. S. Mitchell, b Anderson	0	L. Orton, c Norman, b Sedgwick	30
F. D. Nicholson, c and b Stanger-Leathes	3	C. F. Nicholas, b Sedgwick	3
T. H. Ollerhead, not out	4	H. T. Wilson, not out	0
W. Finlayson, b Stanger-Leathes	0	H. E. Stanger-Leathes, c Finlayson, b Causton	0
Extras	10	Extras	5
Total	200	Total	118

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
J. C. Sale	23	7	44	4
H. E. G. Boyle	16	4	53	3
C. A. Anderson	8	2	20	2
W. S. Nealor	4	1	10	0

SWIMMING CLUB.

WATER POLO MATCHES AND TEAM RACES.

St. Bart.'s v. *Glasgow University.*—This match was played at St. George's Baths on Wednesday, May 20th, before a very enthusiastic attendance. In the Team Race Bart.'s fared badly, the Scotsmen being a very fast lot. In the Water Polo the Hospital defended

the shallow end first. Soon after the start Thorne scored for the Hospital; then within a few minutes Bloxsome added another goal for us. Just before half-time Thorne scored again. On changing ends the score was—St. Bart.'s 3 goals, Glasgow *nil*.

On resuming Thorne added two more goals. Now Russell scored for the 'Varsity. With some good combination by the Hospital the ball was again passed to Thorne, who, with a grand shot, scored again. Just before time Dempster scored for Glasgow, Bart.'s winning by 6—2.

In the Team Race the following represented the Hospital:—L. B. Scott, W. H. G. Thorne, A. H. Bloxsome, and D. M. Stone.

The Water Polo team were—C. Dix (goal); L. B Scott (capt.), M. B. Scott (backs); A. H. Bloxsome (half-back); W. H. G. Thorne, D. M. Stone, and V. J. Duigan (forwards).

St. Bart.'s v. *South London Harriers.*—The above match was played at St. John's Hill Baths, Clapham, on Tuesday, May 29th, and resulted in a win for the Hospital by 4—1.

Bart.'s won the toss, and defended the deep end first. A few minutes after the start, after some give-and-take play, Thorne scored the first goal for us, the result of a good piece of combination by the forwards. On restarting play became very fast, the South London Harriers making several good attempts to score, but were unsuccessful. Just before half-time Thorne registered another point for Bart.'s, and the teams changed ends, Bart.'s leading by 2—0.

In the second half play settled down in front of the Harriers' goal, and for a little time nothing was scored; but at last Duigan was able to add another goal after some good passing between the forwards. The Harriers then attacked strongly, and were enabled to score by a very hot shot. A few minutes later Thorne added a fourth goal, and play ceased with the above result.

Team: C. Dix (goal); L. B. Scott (capt.), M. B. Scott (backs); A. H. Bloxsome (half-back); W. H. G. Thorne, D. M. Stone, and V. J. Duigan (forwards).

United Hospitals v. *Cambridge University.*

This match was played at Cambridge on June 6th, the United Hospitals being but weakly represented, owing to the members from Guy's and London Hospitals scratching on the day of the match. The game was never very fast, on account of the extreme coldness of the water. Cambridge, winning the toss, elected to play up-stream. After a few minutes, as the outcome of some pretty combined play, Powell scored their first goal. The Hospitals now assumed the offensive, and several shots were sent in, which Davidson successfully cleared. The teams changed over, and, the Medicos getting away with the ball, Thorne was enabled to score. L. B. Scott was now obliged to leave the water owing to cramp. Werner, being unmarked, at once increased the 'Varsity lead by two more goals. This is all that was done, Cambridge winning by 3—1.

The following members represented the United Hospitals:

Goal	C. Dix	St. Bart.'s.
Backs	V. B. Nesfield (capt.)	St. Mary's.
	L. B. Scott	St. Bart.'s.
Half-back	A. H. Bloxsome	St. Bart.'s.
Forwards	O. Ievers	St. Mary's.
	M. B. Scott	St. Bart.'s.
	W. H. G. Thorne	St. Bart.'s.

United Hospitals v. *Cambridge University.* (*Return Match.*)

The Light Blues, now on a water polo tour, opposed the United Hospitals at St. George's Baths, Buckingham Palace Road, on June 14th. The Hospitals' forwards were first on the ball, but Beale, the Cambridge captain, upset their attack. A pass back by Nesfield was badly taken by Newby-Smith, who, playing out of place, did not show to advantage. Powell, getting the ball, scored with an excellent shot. Following the throw-in the Hospitals again attacked, but the Cambridge backs proved too good, and nothing resulted. Half-time was now called, Cambridge leading by 1—0.

After change of ends the Hospitals' combination went to pieces. A bad pass let in Powell, who sent the ball on to Beale. The latter, artfully swimming wide of his man, promptly scored. The Medicos now played up pluckily, and from a good pass from Scott to Bloxsome and on to Thorne the latter was able to score; but soon after Dixon, with a neat side screw shot, got an excellent goal. Though outplayed through lack of practice together, the United Hospitals were not disheartened, and some very fast play ensued. Powell, however, again getting away, added another point for Cambridge. Shortly after this the match ended, the Light Blues winning by 4—1.

The following represented the United Hospitals:

Goal	C. Dix	St. Bart.'s.
Backs	V. B. Nesfield (capt.)	St. Mary's.
	L. B. Scott	St. Bart.'s.
Half-back	A. H. Bloxsome	St. Bart.'s.
Forwards	R. Newby-Smith	London.
	O. Ievers	St. Mary's.
	W. H. G. Thorne	St. Bart.'s.

LAWN TENNIS.

ST. BART.'S *v.* BALLIOL COLLEGE.

Played on the Balliol Courts on Saturday, May 26th; resulted in a win for the Hospital by 7—5 matches.

Singles.—C. L. Nedwill beat G. D. Rudkin, 3—6, 6—3, 9—7.
A. O'Neill lost to C. Moore, 1—6, 1—6.
E. H. Hunt lost to M. Singh, 1—6, 2—6.

Doubles.—E. H. Hunt and A. O'Neill—
beat A. C. Carré and C. Moore, 6—3, 7—5.
beat O. A. Hunt and M. Singh, 11—9, 6—4.
beat H. Tawney and L. Beveridge, 6—4, 6—3.
C. L. Nedwill and H. Whale—
lost to Carré and Moore, 2—6, 5—7.
beat Hunt and Singh, 6—3, 7—5.
beat Tawney and Beveridge, 6—4, 6—1.
J. Stirling-Hamilton and H. Walker—
lost to Carré and Moore, 2—6, 3—6.
lost to Hunt and Singh, 3—6, 4—6.
beat Tawney and Beveridge, 9—7, 6—3.

ST. BART.'S *v.* WIMBLEDON L.T.C.

Played at Wimbledon Park on Wednesday, May 30th. A weak team from the Hospital was defeated by 6 matches to 2.

ST. BART.'S *v.* WANSTEAD L.T.C.

Played at Winchmore Hill on Saturday, June 2nd. The Hospital was again beaten by 7 matches to 2.

ST. BART.'S *v.* ALBEMARLE L.T.C.

Played at Winchmore Hill on Wednesday, June 6th. Another weak team from the Hospital was beaten by 8 matches to 0.

ST. BART.'S 2ND TEAM *v.* LONDON HOSPITAL 2ND.

Played at Winchmore Hill on May 26th, resulting in an easy win for St. Bart.'s by 9 matches to 0.

CUP TIES.

ST. BART.'S *v.* LONDON.

First round June 13th.

Singles.—C. L. Nedwill beat R. C. Mott, 6—1, 5—7, 6—1.
E. H. Hunt lost to L. Bousfield, 4—6, 6—4, 3—6.
A. O'Neill beat L. Brenan, 10—8, 10—8.
H. Whale beat J. E. Frere, 6—3, 6—3.
J. S. Hamilton beat H. R. Fisher, 6—4, 4—6, 6—4.
L. E. Hughes beat A. B. Wilson, 5—7, 6—2, 6—4.

Doubles.—C. L. Nedwill and H. Whale—
lost to Bousfield and Frere, 2—6, 12—14.
beat Wilson and Fisher, 6—4, 7—5.
E. H. Hunt and A. O'Neill—
beat Brenan and Mott, 6—4, 6—3.
beat Bousfield and Frere, 6—2, 6—2.
J. S. Hamilton and L. E. Hughes—
beat Wilson and Fisher, 6—4, 6—2.
beat Brenan and Mott, 6—4, 6—1.

Result—St. Bart.'s won 10 matches, London 2.

ST. BART.'S *v.* GUY'S.

Second round June 14th.

Singles.—C. L. Nedwill beat E. M. Jupp, 6—1, 6—2.
E. H. Hunt beat H. B. Wedd, 6—2, 4—6, 6—2.
A. O'Neill beat H. K. Lacey, 6—4, 6—1.
H. Whale beat H. Bacon, 6—1, 6—3.
L. E. Hughes beat M. Winckworth, 6—4, 6—4.
J. S. Hamilton beat L. Cooke, 6—4, 6—2.

Doubles.—C. L. Nedwill and H. Whale—
beat Lacey and Jupp, 6—2, 6—3.
E. H. Hunt and A. O'Neill—
beat Bacon and Wedd, 6—4, 6—2.
beat Lacey and Jupp, 6—3, 6—1.

L. E. Hughes and J. S. Hamilton—
beat Cooke and Winckworth, 2—6, 6—3, 6—3.
beat Bacon and Wedd, 6—4, 6—2.
Result—St. Bart.'s 11, Guy's 0.

The Rahere Lodge, No. 2546.

Installation Meeting.

THE Installation Meeting of the Rahere Lodge took place in the Great Hall of St. Bartholomew's Hospital (kindly lent for the occasion by the Treasurer and Almoners) on Tuesday, June 12th, 1900. Bro. J. H. Drysdale, M.D., of the Alliance Lodge No. 1827, was elected a joining member; Bros. the Rev. Sir Borradaile Savory, Bart., and W. H. Cross were re-elected members of the Standing Committee, and Bro. A. W. Izard was elected a member of this Committee. Bro. Reece, the outgoing W.M., installed his successor, W. Bro. Walter Gripper, M.D., P.P.G.D. (Surrey), as W.M. for the ensuing year, the ceremony being in part musical, Bro. Samuel West rendering able assistance, whilst Bro. G. H. Robinson presided at the organ.

W. Bro. Gripper then invested as his officers for the ensuing year Bros. R. J. Reece, Phin. S. Abraham, G. H. R. Holden, Rev. Sir Borradaile Savory, Bart., Clement Godson, D'Arcy Power, Ernest Clarke, J. H. Gilbertson, W. Haig Brodie, F. Swinford Edwards, G. H. Robinson, Mus. Bac., A. G. R. Foulerton, H. D. Lauchlan, M. J. Anderson, J. Valérie, and P. F. Madden.

A Past-Master's jewel was unanimously awarded to Bro. Reece for services rendered to the Lodge during his year of office. It was presented by Bro. Gripper, and Bro. Reece responded in suitable terms. Bro. Gripper also presented a P.G.J.D. jewel to Bro. Secretary, as a present from the Lodge on his appointment by the M.W. the Grand Master, to office in the Grand Lodge of England. Bro. Secretary thanked the Lodge for the honour thus done to him, and for the friendly and masonic feeling which had prompted the gift. The report of the Audit Committee was received and adopted. It showed that the Lodge had given in charity a sum of £153 11s. during the past year.

The banquet was taken at the Frascati Restaurant, where covers were laid for upwards of 100, and a very pleasant evening was spent, the brethren and their guests being entertained by the marvellous dexterity of Dr. Byrd Page.

A Botanical Excursion.

TO Dr. Shore's kind invitation almost the whole of the Preliminary Scientific Class responded, and met at Kenley on Saturday afternoon, the 23rd ult., with the object of studying Botany in Nature's own Biological Laboratory. A more perfect day for the excursion could not have been chosen, and the locality was alike eminently suitable for the expedition. Scarcely had the party left the station when *Solanum dulcamara* (bittersweet) revealed itself in a hedge, and the characteristics of the order *Solanaceæ* were pointed out by Dr. Shore. Next *Bryonia dioica* (bryony) occupied the attention, and many other flowering plants were gathered on the way up the lane to Kenley Common. Here the collection received further additions, and finally a halt was made and Dr. Shore gave an informal discourse on the various interesting specimens which had been collected. Among these *Rosaceæ* were represented by *Geum urbanum* (avens), *Potentilla tormentilla, Rosa canina*, and *Poterium sanguisorba*, the last-named being particularly interesting on account of its inflorescence with the lower flowers staminate, and the upper pistillate with crimson feathery stigmas; *Leguminosæ* by *Lotus corniculatus*, and several species of *Vicia; Stellatæ* by *Asperula odorata*, and others. Altogether some twenty-five or thirty natural orders were got through; and then it was discovered that the body, no less than the mind, needed refreshment. Soon, however, Kenley was reached again, and there the Preliminary Scientific Class were Dr. Shore's guests to a tea which was greatly appreciated and successfully carried through. Presently three energetic photographers in turn commanded the rest of the party to stand and be shot, and then the station was sought, the train arrived, and the expedition gradually broke up as the several members made for their respective destinations. Altogether a most enjoyable afternoon was spent, and the outing was unanimously voted a great success.

Reviews.

ANÆSTHETICS, THEIR USES AND ADMINISTRATION, by DUDLEY WILMOT BUXTON, M.D., B.S. (H. K. Lewis, London. Pp. 308, crown 8vo; price 6s.)

The third edition of this work has been so largely revised and rewritten that it is practically a new book. It forms one of Lewis's valuable "Practical Series." The use of a book on anæsthetics for practical instruction is at the best limited. Skill in the art of administering anæsthetics can only be gained from practical instruction, followed by experience. From books, however, we can become acquainted with the various forms of apparatus used in administering anæsthetics, and the methods of their use, and perhaps we may gain a fuller appreciation of the many dangers and difficulties, and the appropriate treatment thereof, incident to anæsthesia. The author in his preface shows that he fully realises this. Bearing in mind that the book is intended as an adjuvant to, and not a substitute for, practical instruction and experience, it cannot but be of great value to the practitioner and student.

In describing the administration of ether with an ordinary Clover's inhaler, the author directs the moving of the indicator directly from 0 to 1, and after a short space of time to F (full ether), the patient being ready for operation in from ninety seconds to two minutes and a half. Few patients will tolerate such a rapid increase of ether vapour as is here recommended, and as a general rule the patient is scarcely ready for operation until the expiration of five minutes from the commencement of the administration.

The arrangement of the material in the book perhaps leaves something to be desired. For instance, a separate section is devoted to the administration of ether preceded by the administration of nitrous oxide gas. In this section, however, only a short description of the methods are given, and the use is advocated of the old Clover apparatus, while the newer and less cumbrous forms of Clover's inhaler have already been described under the section purporting to refer to the administration of ether only. This want of arrangement somewhat discounts the usefulness of the book for purposes of reference, as the newer forms of apparatus for giving nitrous oxide gas and ether might be easily overlooked. No mention is made of the simple addition to the ordinary Clover, so familiar at St. Bartholomew's, of a small tap for admitting gas to the ether bag, which forms perhaps the simplest and most commonly used apparatus for giving nitrous oxide gas and ether.

The author speaks highly of the practice of giving oxygen with ether. We believe that the credit of having introduced this method is due to the author. We scarcely think he lays sufficient emphasis on the value of this method. From a small experience of it we feel that too much cannot be said in its favour.

In his preface the author rightly calls attention to the importance of dealing with anæsthetics from a scientific standpoint. After this we are surprised to find a statement quoted (p. 303) that when nitrous oxide gas and oxygen are given together acute dilatation of the heart takes place. There is not a shadow of scientific evidence for any such theory. Repeated observations have failed to show that there is any effect produced on the heart by the administration of nitrous oxide gas and oxygen, even if the administration be prolonged. Such a statement should not be recorded in a scientific work. In this connection we may observe that we cannot agree with the remark that there is no advantage in using nitrous oxide gas for prolonged operations. Its safety, pleasantness, and freedom from after effects are strong recommendations.

In dealing with the remote after effects following the administration of ether the author says, "I believe when ether is *properly given* it is rare to find bronchitis, broncho-pneumonia (so-called ether pneumonia), or nephritis following its administration." The italics are ours.

That such complications do follow the administration of ether by a skilled anæsthetist, and in cases where there is no suspicion of septicæmia, will scarcely be denied, and to attempt to attribute such complications to unskilful administration is begging the whole question.

The chapter on the choice of an anæsthetic is full and clear. We doubt the truth of the statement that in patients suffering from severe collapse ether "properly given" is the best anæsthetic. We believe that in such cases ether causes more after collapse than

chloroform, and prolonged stimulation of the ether during the operation makes it difficult to stimulate the patient later on. So that while admitting that, from the anæsthetist's point of view, ether may be the best, and possibly more free from immediate risk, it is not in our opinion the best anæsthetic in the ultimate interest of the patient. Nor can we altogether agree with the statement that "*with management* ether will give almost as good if not better results than chloroform in abdominal surgery." While admitting that it is possible in many cases to obtain as complete relaxation with ether as with chloroform, we believe that anyone who has seen much abdominal surgery will agree that in these cases the bleeding under ether is much more embarrassing to the operator than under chloroform.

In the treatment of chloroform syncope the author, amongst other plans, advises the hypodermic injection of ether. It must be borne in mind that ether thus used is liable to cause sloughing of the skin, and in one case led to gangrene of the upper limb. If used at all it should be injected deeply into the pectoral muscle. It is a remedy that should only be used in desperate cases. The same remark applies to the injection of *sterilised freshly prepared* supra-renal extract. The practical difficulty of obtaining such a solution in an emergency would prevent its use, and in any case the physiological effect is so transitory, and followed by a rapid fall of blood-pressure, that it is difficult to see how the use of this substance would be of much value.

A word of praise must be bestowed on the excellence of the illustrations and the clearness of the letterpress. Both are admirable.

MONA MACLEAN. (Blackwood & Sons. Price 2*s.* 6*d.*)

The cheap edition of this "medical novel" should become very popular. There is a breezy freshness and piquancy about the book, and those who yet possess the originality to enjoy "human nature's daily food" should find its pages full of charm and interest. All the characters are made of flesh and blood, and the authoress takes us through many everyday scenes in a terse and vivid style. It is Mona's strong and high-principled individuality, always so well controlled, which appeals most to the reader. Nothing could be more sympathetically told than the story of her seclusion in a Scottish village, where she "lives her days with all her might" in spite of the chilling influence of sordid, selfish cousin Rachael. Her friendship with Dr. Dudley, who appears cold, dreamy, stoical at first, but strong and earnest withal, ripens into a love story of no ordinary romance, and they marry after many cross-currents and a courtship spent apart so that each may work for the M.B. examination! Doris, the inevitable woman with a mission, is more pleasing than real; and Mona's medical friends form an excellent background to this unique, amazingly self-reliant student of modern days. Some of the chapters are crude, but the story as a whole is powerful, human, invigorating.

(We are compelled to hold over several reviews this month for want of space.)

New Addresses.

C. H. BARNES, 17, Dartmouth Park Road, Highgate, N.W.
C. GODSON, 82, Brook Street, Grosvenor Square, W.
J. HOBDAY, Bridgefield, Muswell Avenue, Muswell Hill, N.
T. P. LEGG, 41, Savernake Road, Hampstead, N.W.
J. S. SLOANE, 7, Highfield Street, Leicester.
G. H. SOWRY, 4, King Street, Newcastle, Staffs.
J. VALERIE, Gothic Road, Devonshire Road, Balham, S.W.
L. A. WALKER, 46, Aberdare Gardens, West Hampstead, N.W.
H. E. WALLER, Bourne End, Bucks.

Appointments.

BOSTOCK, H. H., M.R.C.S., L.R.C.P., appointed Civil Surgeon to the hospital ship "Simla."

* * *

BROWN, W. LANGDON, M.A., M.B., B.C.Cantab., M.R.C.P., appointed Physician to the Imperial Yeomanry Branch Hospital, Johannesburg.

COLLYNS, J. M., M.R.C.S., L.R.C.P., appointed Civil Surgeon to the hospital ship "Simla."

* * *

CROWTHER-SMITH, S. F., B.A., M.B., B.C.Cantab., appointed Assistant Physician to the Imperial Yeomanry Branch Hospital, Johannesburg.

* * *

CURL, H.W., M.R.C.S., L.R.C.P., appointed House Surgeon to the West London Hospital.

* * *

HOSKEN, J. G. F., M.R.C.S., L.R.C.P., appointed Civil Medical Officer to the South African Field Force.

* * *

IZARD, A. W., B.A.Cantab., M.R.C.S., L.R.C.P., appointed Civil Medical Officer to the South African Field Force.

* * *

MITCHELL, A. M., M.A., M.D., B.C.Cantab., D.P.H.Cambridge, appointed Medical Officer of Health to the Borough of Guildford.

* * *

POYNDER, F. C., M.B.Oxon., has been elected a member of the Medical Staff of the East Grinstead Cottage Hospital.

* * *

ROBERTS, C. H., M.D.Lond., M.R.C.P., appointed Physician to the In-patients at the Samaritan Hospital for Women.

* * *

VINCENT, R., M.B., B.S.Dunelm, M.R.C.P., appointed Senior Resident Medical Officer at Queen Charlotte's Lying-in Hospital.

Examinations.

UNIVERSITY OF CAMBRIDGE.

M.D. degree, taken by Nicholls, Hubert (St. John's).

Anatomy and Physiology.—Cunnington, C. W., Gould, H. V., Hills, W. Hyde, Lee, W. E., Slade, J. G.

UNIVERSITY OF LONDON.

M.B. Pass Examination.

First division.—Ede, A. Gordon, Pridham, A. J.

Second division.—Anstey-Charr, T., Frost, C. S., Knight, C. V., Thornley, R. L., Walker, L. A.

Birth.

HOUNSFIELD.—On June 3rd, at Stowmarket, Suffolk, the wife of Sydney Coupland Hounsfield, M.R.C.S., L.R.C.P., of a son.

Marriages.

CORY—REEVE.—June 12th, at the Parish Church, Tenterden, by the Rev. W. H. Cory, brother of the bridegroom, assisted by the Rev. S. C. Lepard, Vicar of Tenterden, Charles George Cory, M.R.C.S., L.R.C.P., of Soham, Cambs, youngest son of the late Rev. E. W. Cory, Vicar of Mildreth, Cambs, to Mabel Emily Hartridge Reeve, only child of the late Walter Reeve, Esq., of Peasmarsh, Sussex.

COURT—PARLBY.—On June 19th, at St. Peter's, South Weald, by the Rev. R. W. Chilton, Vicar of Wormingford, Colchester, assisted by the Rev. Canon Fraser, Edward Percy Court, M.R.C.S., L.R.C.P., of Hambledon, youngest son of Colonel H. S. Court, Madras Staff Corps (retired), to Lillie, eldest daughter of John P. Parlby, of Harold Wood, Essex.

ACKNOWLEDGMENTS.—*London Hospital Gazette, St. Mary's Hospital Gazette, The Nursing Record, The Stethoscope, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Gazette, The Broadway, St. George's Hospital Gazette, The Polyclinic, The Medical Review, The Practitioner, University College Magazine, The Student, The Hospital, Transactions of the Students Society of Dental Hospital.*